



Uniform Formulary Medical Necessity Criteria for Self Monitoring Blood Glucose Systems

Drug Class - Self monitoring blood glucose systems

Background - After evaluating the relative clinical and cost effectiveness of the Self monitoring blood glucose systems, the DoD P&T Committee has recommended that the following medications be designated as non-formulary under the Uniform Formulary. These recommendations have been approved by the Director, TMA.

Effective Date: 16 September 2009; 13 July 2011

- All test strips EXCEPT Accu-Chek Aviva, Ascensia Contour, Embrace, FreeStyle Lite, Glucocard 01, Glucocard Vital, Precision Xtra, and TRUEtest are non-formulary.

Patients currently using a non-formulary Self Monitoring Blood Glucose System (test strip) may wish to ask their doctor to consider a formulary alternative.

The non-formulary cost share for Non-formulary Test Strips may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. The patient reasonably would not be able to use a formulary blood glucose meter and strips appropriately or effectively instead of the requested blood glucose meter and formulary excluded strips.
2. The patient has a documented physical or mental health disability requiring a special monitor (e.g. visual impairment).
3. The patient is using the Medtronic Mini Med Paradigm insulin pump with the One Touch Ultra Link meter (OneTouch Ultra test strips) or the patient is using the One Touch Ping insulin pump and One Touch Ping meter (OneTouch Ultra test strips).
4. The patient is receiving peritoneal dialysis or the intravenous immune globulin (IVIG) preparation Octagam and the provider is concerned about the glucose dehydrogenase-pyrroloquinolinequinone interaction (GDH-PQQ).

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the February 2011 meeting & approved by the Director, TMA on 9 May 2011. For more information, please see the DoD P & T Committee Minutes.

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TRICARE Pharmacy Program Medical Necessity Form for Self Monitoring Blood Glucose Systems Test Strips (SMBGSs)



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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Self Monitoring Blood Glucose Systems Test Strips (SMBGSs) on the DoD Uniform Formulary include Accu-Chek Aviva, Ascensia Contour, Embrace, FreeStyle Lite, Glucocard 01, Glucocard Vital, Precision Xtra, and TRUEtest. **All other SMBGS test strip brands are non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary products at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary product is medically necessary. If a non-formulary product is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary product unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

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|--------------------------------------|--|------------|--|
| MAIL ORDER and RETAIL | <ul style="list-style-type: none">The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com | MTF | <ul style="list-style-type: none">Non-formulary medications are available at MTFs only if both of the following are met:<ul style="list-style-type: none">The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.The non-formulary medication is determined to be medically necessary.Please contact your local MTF for more information. There are no cost shares at MTFs. |
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Step 1 Please complete patient and physician information (please print):

| | | |
|----------|----------------------|-----------------------|
| 1 | Patient Name: _____ | Physician Name: _____ |
| | Address: _____ | Address: _____ |
| | Sponsor ID #: _____ | Phone #: _____ |
| | Date of Birth: _____ | Secure Fax #: _____ |

Step 2 Please explain why the patient cannot use the formulary products. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why all of the formulary products are unacceptable.

| Formulary Product | Reason | Clinical Explanation |
|---|---------|----------------------|
| Accu-Chek Aviva Ascensia Contour Embrace FreeStyle Lite Glucocard 01 Glucocard Vital Precision Xtra TRUEtest | 1 2 3 4 | |

Acceptable clinical reason for not using a formulary product are:

- The patient reasonably would not be able to use a formulary blood glucose meter and strips appropriately or effectively instead of the requested blood glucose meter and formulary excluded strips.
- The patient has a documented physical or mental health disability requiring a special monitor (e.g. visual impairment).
- The patient is using an insulin pump with a glucose meter that communicates results wirelessly to the pump and no formulary alternative is available (for example, One Touch Ultra link meter [One Touch Ultra test strips], One Touch Ping meter [One Touch Ultra test strips], Nova Max Link meter [Nova Max test strips]).
- The patient is receiving peritoneal dialysis or the intravenous immune globulin (IVIG) preparation Octagam and the provider is concerned about the glucose dehydrogenase-pyrroloquinolinequinone interaction (GDH-PQQ).

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

3

Prescriber Signature

Date

Latest revision: Sept. 28, 2011